Plant Diagnostic Checklist



<u>Please answer each question below to help us identify the problem.</u>

Client Name:	
Date:Tele	phone:
Email:	
Type of Plant (check all that apply):	
O Vine O Shrub O Tree O Houseplant O Vegetal O Evergreen O Deciduous	ble O Lawn O Fruit O Herb O Annual O Perennial
Common or Scientific Name: Date place	 anted:
Location:	
○ Wet soil ○ Dry soil ○ Full sun ○ Full shade ○ I○ Near pavement/walkway ○ Near other plants ○○ Near water	Part sun/shade O Windy O Mulch O Greenhouse O Container/Pot O Raised bed O Recent disturbance
If soil type or pH is known, what is it? How many plants with same symptoms?	
Irrigation: O Drip or soaker O Overhead (sprink	ler or hose) O Rainfall only
How often? How long?	
Fertilizer or Pesticide Applications (list p	roducts used on or nearby):
Product name:	Date:
	Date:
Product name:	Date:
Signs and Symptoms:	
○ No flowers ○ Leaf drop ○ Yellow leaves ○ Bro○ Holes in stem/branches ○ Spotting on leaves ○○ Black sooty substance ○ Root or stem rot ○ De	Spotting on fruit O White powdery substance
When was the problem first noticed? ○ Spring ○	Summer O Fall O Winter
For how long:	
Please provide any other pertinent information or	probable causes: